



## Home Fire Safety Check Referral Form

## (Partner Agencies)

Name of person referring			
Name of organisation			
Email address			
Contact number(s)			
Consent obtained for referral to South Wales Fire and Rescue Service			Yes
Date			
<b>High Risk / Vulnerable Referral Details</b>			
Individuals name		Date of birth	
House name or number			
Town			
County		Postcode	
Telephone number / method of contact			
Number of family members in household	Adults	Children	
Is there a current Risk Assessment available?	Yes	No	
Do workers need to know anything about the service user before entering their home?	Yes	No	
Smokers in household	Yes	No	
Aged 50+	Yes	No	
Hearing impairment	Yes	No	
Visual impairment	Yes	No	
Mental health issues	Yes	No	
Mobility issues	Yes	No	
Alcohol / substance misuse	Yes	No	
Working smoke alarms at property	Yes	No	
Any additional information / comments			